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PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Dila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>117-103a</u>
District of <u>Miami</u>		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>449</u>
City of _____	No. _____	Local Registrar No. _____	Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
Full name of child <u>Pedro Roderiguez</u>		If child is not yet named, make supplemental report, as directed.	
Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No. in order of birth <u>5</u>
		6. Legitimate <u>Yes</u>	7. Date of birth <u>June 3-1923</u>
		Month day year	
FATHER		MOTHER	
Full name <u>R. Roderiguez</u>		Full maiden name <u>Germania Duron</u>	
Residence (Usual place of abode) <u>Miami Ariz.</u>		Residence (Usual place of abode) <u>Miami Ariz.</u>	
If nonresident, give place and state		If nonresident, give place and state	
8. Color or race <u>Mex</u>		16. Color or race <u>Mex</u>	
11. Age at last birthday <u>35</u> (Years)		17. Age at last birthday <u>27</u> (Years)	
9. Birthplace (city or place) <u>Chihuahua Mex</u>		13. Birthplace (city or place) <u>Chihuahua Mex</u>	
(State or country)		(State or country)	
10. Occupation		19. Occupation	
Nature of industry <u>Miner</u>		Nature of industry <u>Housewife</u>	
Number of children of this mother _____		21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>	
(a) Born alive and now living _____			
(b) Born alive but now dead _____			
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Born</u> at <u>8 P.</u> m. on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>C. M. Cron M.D.</u>	
Even name added from _____		Address <u>Miami, Arizona</u>	
Supplemental report _____		Local Registrar. <u>C. E. Brown</u>	
Month, day, year. _____		County Registrar. _____	
Registrar. <u>799-603-745</u>		Filed <u>June 30 1924</u>	
		Filed <u>JUL 6 1924</u>	